

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1							
2							
3							
4							
5							
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11							
12							
13							
14							
15	1						
16	1						
17							
18		2					
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47							
48							
49							
50							
TOTAL IND.	4						
TOTAL DEP.							
TOTAL CLAIMS	3	3					